

Our Reference

HM\ North East & North
Cumbria ICB\ FOI ICB402

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Your Reference

04 July 2023

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Freedom of Information Act 2000 - Request for Information – NHS North East & North Cumbria Integrated Care Board (ICB)

Thank you for your request received by North of England Commissioning Support (NECS) on 08 June 2023 for information held by NHS North East and North Cumbria Integrated Care Board (NENC ICB) under the provisions of the Freedom of Information Act 2000.

NENC ICB covers the areas of County Durham, Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland and Tees Valley (which covers the 5 councils that make it up – Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees).

Details of Request and Response

In light of the Health and Care Act 2022 and the statutory responsibility for Integrated Care Boards (ICB) to arrange for the provision of palliative care for your population, we request the following information regarding Palliative and End of Life Care (PEoLC) in general, and charitable Hospice services in particular, within your system.

1. Where does Palliative, End of Life Care and / or ‘Dying Well’ specifically feature in your overall planning documents?

Please choose one or more of the following and include the document link or attachment and the reference to section or pages where it is significantly mentioned:

a. Integrated Care Strategy (or Joint Health and Wellbeing Strategy)

Better end of life care features in the North East and North Cumbria (NENC) ICB ‘Better health and wellbeing for all’ strategy. It recognises the variation in provision, and ambition to work with providers of all services, including children and young (CYP) people (which reflects the remit of the NENC ICS Palliative and End Of Life Care (PEoLC) Network which is now all-age)

b. Five-year Joint Forward Plan

c. **in draft or under discussion – please specify**

Developed as one of the service and key goal action plans of the ICB Joint Forward Plan. The plan will be going to the ICB Board on Tuesday 27th June before being shared more widely with key stakeholders for further feedback/agreement throughout July and August before a final version is signed-off and published in September (date TBC).

ICS Digital Strategy – digital technology has been identified locally as essential to transforming and developing PEO LC services across the NENC. Five key digital ambitions that will support PEO LC patients/families and carers have been written for the draft ICS Digital Strategy (currently also in development.)

d. not specifically mentioned

e. other – please specify what

2. Where are the PEO LC specific strategies or plans within your system?

Please choose one or more of the following and include the document link or attachment:

a. **System level PEO LC strategy or plan**

The NENC PEO LC Network have a Workplan 2021/24 on behalf of the ISC which the ICB has adopted.

We have 13 places across the NENC, who have contributed to the NENC PEO LC Network Thematic Workplan

The Network Chair and ICB Commissioning Manager (Transformation System Wide) are meeting with all the Clinical and Commissioning Leads who have responsibility within portfolio for PEO LC over the summer period. This is to understand local challenges, priorities and requirements and to support local planning. Some places are also completing a self-assessment against the six national PEO LC ambitions. This will help to further inform their local priorities and plans. The results from this exercise will feed into the wider health needs assessment of PEO LC services across the NENC during 2023/24

b. All places within the system have a Place level PEO LC strategy or plan

c. some Places within the system have a Place level PEO LC strategy or plan

d. in draft or under discussion – please specify where

e. no PEO LC specific strategies or plans

f. other – please specify what

3. Where are strategic decisions made in your system regarding PEO LC planning and funding?

Please choose one or more of the following and include links or an attachment showing the relevant governance structures:

a. PEO LC is a named ICB sub-committee or sub-group

- b. PEOLC decisions are made at one or more ICB sub-committee or sub-group with a *wider* remit (please name the sub-committee or sub-group and its remit)
- c. PEOLC is a named ICP or Joint Health and Wellbeing Board sub-group
- d. PEOLC decisions are taken at our Regional NHS England PEOLC Strategic Clinical Network (SCN)
- e. PEOLC decisions are delegated to Place-based ICB structures (please show where in their governance structures)
- f. PEOLC decisions are delegated to provider alliances (please state which ones)
- g. There are PEOLC discussion groups / alliances but they are not formally linked to the ICS decision making structure
- h. other – please specify where

All Place Plans are collated, and Cross referenced with the system wide thematic plan and this in turn forms the priorities for PEOLC for the ICB's Strategic Plan.

Decisions regarding commissioning and funding at scale is made by the ICB Board. Local Place Boards oversee delivery of their local plans including and have delegated responsibilities that are directly linked to ICB system structures.

4. How are charitable Hospice providers involved in PEOLC planning and decision-making in your system?

Please choose one or more of the following:

- a. member of ICB Board
- b. member of ICP Board
- c. member of Voluntary, Community and Social Enterprise (VCSE) alliance represented on ICB / ICP Boards
- d. member of relevant sub-committee or sub-group
- e. member of relevant Place-based structure or alliance (please state which ones)

Each place contributes to an area-level PEOLC group, with representation from the Hospices. These in-turn feed into the wider NENC PEOLC Network

- f. member of PEOLC discussion group / alliance

There is a region wide Hospices Group. The Chair of this Group is a member of the wider NENC PEOLC Network. They ensure any NENC PEOLC Network information is cascaded to their colleagues, such as any surveys and consultations.

- g. engaged via community outreach
- h. consulted on proposals as and when
- i. not involved
- j. other – please specify how

5. The [NHS England PEOLC statutory guidance](#) is based upon the [Ambitions for PEOLC Framework](#). What level have your ICB or Places [self-assessed](#) against these 6 ambitions?

Please include the self-assessment link or attachment:

- a. between levels 0 and 2
- b. mostly level 3
- c. between levels 4 and 5
- d. we are planning to start self-assessment (please state when)

Some places have started to complete the self-assessment against the national six PEOLC ambition. This will feed into a health needs assessment of PEOLC for the NENC alongside performance data (at ICB and place level); information on workforce confidence (specialist and generalist) and any identified gaps in specialist PEOLC teams for example 24 hour advice services.

- e. we haven't done any self-assessment
- f. other – please specify

6. Where are charitable Hospice provider contracts held within your system?

Please only consider contracts with charitable Hospices not NHS Trust provided hospices, but please include both adult and children's hospices:

- a. all hospice contracts are held by the ICB
- b. some hospice contracts are held by the ICB and some by Place-based ICB structures or provider alliances
- c. all hospice contracts are held by Place-based ICB structures
- d. all hospice contracts are held by provider alliances
- e. other – please specify what

7. What types of contract do you use with charitable Hospice providers?

Please choose one or more of the following:

- a. NHS standard contract (full length)
 - i. Is it annual or multi-year
 - ii. Is it block or bed / activity-based funding
 - iii. Does it include risk sharing around activity thresholds

Charitable Hospices receive an NHS Standard Contract multi-year and block based with no risk share for hospice beds.

- b. NHS standard contract (short form) N/A

- i. Is it annual or multi-year
- ii. Is it block or bed / activity-based funding
- iii. Does it include risk sharing around activity thresholds
- c. grant or service level agreement – block funding N/A
- d. grant or service level agreement – bed / activity-based funding N/A
- e. fast-track continuing healthcare funding N/A
- f. continuing care funding (children) N/A
- g. other – please specify what

8. What was the total value of all these charitable Hospice contracts for 2022-23?

- a. for adult services
- b. for children and young people's services

*The total value of hospice contracts for 2022/2023 is £3,816,882.
The ICB contracts hospices as overall indicative block values which is not split between adults and children. Therefore, funding split this would need to be answered by individual hospices.*

9. What uplift percentage did you apply to these contracts in April 2022? Did all charitable Hospices receive it?

All NHS Standard Contracts for Hospices received an 8.95% uplift.

Did you pass on the additional 1.7% uplift (as per this [NHSE letter](#)) in July 2022? Did all charitable Hospices receive it?

All Standard Contracts for Hospices received 1.7% uplift

What uplift percentage are you applying to these contracts in April 2023?

Uplift for 23/23 is 1.8%

10. Do you have a shared care record or shared care plans across your ICS or Places? If so, do charitable Hospices have access to it?

Please choose one for shared care records and one for shared care plans

- a. shared care record – hospices are included
- b. **shared care record – hospices are not included (please state which providers are and whether there are plans for expansion)**

*The shared care record in the NENC currently consists of a view of the summary care record (based on primary care records) which is seen across all services including hospices
In addition, the NENC has a Health Information Exchange (HIE) called the Great North Care Record (GNCR), which pulls a defined data set from several providers*

from across the NENC including primary care, secondary care, social care, and mental health services.

The (GNCR) allows for A&E and other providers limited access to GP records (though patients can opt out). This enables the flagging of patients on whether they have an EHCP and/or DNAR. Hospices are not included at this point in-time but are on the road-map for inclusion in the near future

NHS services including ambulance and out of hours (OOH) services can view the GNCR. Hospices with IT system which have been set-up to view the GNCR may be able to view the shared data (but cannot currently contribute to data entry)

Several of the hospices in the ICS have paper records only. These are on an IT plan to help support the switch to digital records.

- c. there are no shared care records
- d. shared care plans (urgent or end of life) – hospices are included
- e. shared care plans (urgent or end of life) – hospices are not included (please state which providers are and whether there are plans for expansion)

Several places within the NENC have a form of Electronic Palliative Care Coordination Systems (EPaCCS).. These include the forms of place-level services sharing the same IT provider and thereby having a shared view, or generating a shared palliative care plan which is formed from digital records and shared electronically to out of hours and ambulance providers. Not all hospices are included in these at present.

- f. there are no shared care plans
- g. other – please specify what

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by The North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish

it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk . This will not affect your initial information request.

Yours sincerely

Hilary Murphy

Hilary Murphy
Information Governance Officer